MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/830360

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/					
2		1				
3		2				
4		(2)				
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9		(2)				
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16	/					
17	/					
18	/					
19		2				
20		(2)				
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35	/					
36		/				
37		2				
38		(2)				
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42		(2)				
43		(2)				
44		(2)				
45		(2)				
46		(2)				
47		(2)				
48		(2)				
49		(2)				
50	/					
TOTAL IND.	13					
TOTAL DEP.	67					
TOTAL CLAIMS	80					

	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
51	/					
52	/					
53	/					
54	/					
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		3				
62		(2)				
63		(2)				
64		(2)				
65		/				
66	/					
67		/				
68		/				
69		/				
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

ORM PTO-1360 (REV. 3-78)